

# Class of 2014 Frosh Camp

August 7, 2010

From 9:00 am to 11:00 pm

PERMISSION/ASSUMPTION OF RISK AND RELEASE AGREEMENT/MEDICAL FORM

Helias High School

Student's name (print): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Grade School: \_\_\_\_\_

## Permission to Participate

My son/daughter has my permission to participate in the Frosh Camp sponsored and conducted by Helias High School on Saturday, August 7, 2010

## Indemnification

As the parent/guardian of the above named student, I acknowledge the inherent risks of participation in such events and recognize that injuries, some extremely serious even resulting in death, can and do occur as a result of such participation. Further, I agree to save, indemnify, and keep harmless Helias High School, the Helias School Board and its personnel including volunteers, and the Diocese of Jefferson City against any and all liability, claims, judgments, or demands for damages arising as a result of injuries sustained while participating in Frosh Camp by Helias High School.

## Treatment Authorization

As the parent/guardian of the above named student, I certify that he/she is free from communicable diseases and fit for full and vigorous participation in Frosh Camp. Further, I grant consent for representatives of Helias High School to seek medical attention and for all medical care as prescribed by a duly licensed physician administered under any and all conditions as necessary to preserve the life, limb, or well-being of the student.

Parent/Guardian (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Please complete the second page of this form)

**Recognized Medical Conditions**

Does your child have any medical conditions about which the teachers/chaperones/supervisors should be informed? (allergies, asthma, cardiovascular deficiency, etc.?) Is he/she allergic to any medications?

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**Emergency Information**

In case of emergency, please contact:	
Name/Relationship	Phone
Name/Relationship	Phone
Special Instructions:	

Return the completed form to:

Helias High School  
Attn: Frosh Camp  
1305 Swifts Highway  
Jefferson City, MO 65109

fax: 573-635-5615

or drop it off at the Helias Business Office

Summer Office Hours: Tuesday through Thursday 8:00 am- 1:00 pm  
Closed July 19 through July 23, 2010

Forms are due in the business office by Thursday, July 29, 2010

**Student must be enrolled at Helias High School in order to participate.**